STATEMENT OF ORGANIZATION

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OCT 19 2005

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES Commission

	TOPEKA, KANSAS 6661
(See Rever	se Side For Instructions)
This is a (check one) Party	Committee Political Action Committee
	Statement Amended Statement
This is an (check one) Initia	Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)	
Name Konsus Second Amenda	ent Societi
Mailing Address (Street, City, State, Zip Code)	Business Telephone
POBOX 8310 Nichita.	Konsos 6900
	67208-0310
CHAIRPERSON	,
Name	Home Telephone
Phillip B Journey	(316) 522-7566
Mailing Address (Street, City, State, Zip Code)	Business Telephone
	(316) 2690602
TREASURER	
Name	Home Telephone
Bernie SLocum	(3/6) 267-5586
Mailing Address (Street, City, State, Zip Code)	Business Telephone
1832 So St. Francis Wic	hita. Ks (-) NONE.
AFFILIATED OR CONNECTED ORGANIZA	67211
	IIONS
Name	
Mailine Address (Const. Cit. Const.)	
Mailing Address (Street, City, State, Zip Code)	
If not connected or affiliated with an arganization, id-	entify the trade, profession, or primary interest of the contributors.
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SIGNATURE:	
"I declare that this statement has been examined	by me and to the best of my knowledge and
belief is true, correct and complete. I understand	
or intentionally filing a false document is a class	
101.1000	Ro. 181
(Date)	(Signature of Chairperson)
(240)	(Signature of Champerson)
Governmental Ethics Commission	Rev.2000